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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

| Sheet | 1 | of | 2 |
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| Complete if Known | | | | |
|------------------------|------------------------------|--|--|--|
| Application Number | 10/529,267 | | | |
| Filing Date | September 29, 2005 | | | |
| First Named Inventor | Valerie DE LA POTERIE et al. | | | |
| Art Unit | 1619 | | | |
| Examiner Name | Tracey A. SIMMONS WILLIS | | | |
| Attorney Docket Number | 05725.1445-00000 | | | |

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| Examiner | Cite | Document Number | Issue or | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where | | |
| Initials | No. | Number-Kind Code (if known) | Publication Date MM-DD-YYYY | | Relevant Passages or Relevant Figures Appear | | |
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| Examiner Initials | Cite No. | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | Translation | | | |
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| Examiner | Date | |
|-----------|------------|--|
| Signature | Considered | |

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number

10/529,267

Filing Date
September 29, 2005

First Named Inventor
Valerie DE LA POTERIE et al.

Art Unit
1619

Examiner Name
Tracey A. SIMMONS WILLIS

Attorney Docket Number

2

Sheet

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| Signature | Considered | |